

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET.
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/597180

7/14/06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7		2				
8		2				
9						
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12						
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20						
21	1		1			
22						
23		2				
24		2				
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50						
TOTAL IND.			3			
TOTAL DEP.			17			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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